GETTING CURRENT: UPDATING PATHOLOGY REQUESTS IN HIV AND THE FINANCIAL REWARD TO BE GAINED.

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The management of HIV infection has evolved over the years and is now regarded as a chronic disease. In line with international guidelines patients start treatment when diagnosed and virological control is achieved quickly, particularly in the era of widespread integrese inhibitor use. The current generation of anti-retrovirals are well tolerated and have a reduced incidence of long-term side effects.

The Infection and Immunity (II) at the Fiona Stanley Hospital (FSH) manages approximately 360 patients. Our aim was to review previously standardised pathology requests and update them based on the changes in HIV management.

The goals were also to;

- To reduce pathology expenditure on patients attending outpatient clinics
- To reduce the frequency of unnecessary investigations
- To develop a list of tests for baseline, routine and yearly visits

The FSH II service's standardised baseline, routine and yearly pathology tests were benchmarked against the British HIV Association and the USA Department of Health and Human Services guidelines. The adjustments made were then discussed in team meetings to determine the final decision for the three categories. Systems were also revised to ensure consistency when requesting pathology tests.

A cost analysis was conducted to show potential cost savings in each category per patient. There was a saving of \$67.54 for baseline testing for a newly diagnosed HIV patient. There was a saving of \$108.91 for routine tests and \$252.03 for yearly tests. It was estimated that the Infection and Immunity Service could save \$131,019.04 based on 360 patients including 16 new patients per annum.

The biggest cost saving will be the reduction in T-cell subset requests. To demonstrate if the changes will have been successful a cost analysis of the cost of CD4 counts will be compared over 12 months.

The changes in standardising pathology requests will now meet current international recommendations and guidelines and meet the goal of reducing the expenditure within the Infectious Diseases Department.